



State of Georgia
Division of Family and Children Services
Prevention and Community Support Section

FY2025 Statement of Need

TITLE V SEXUAL RISK AVOIDANCE EDUCATION
(SRAE) YOUTH DEVELOPMENT PROGRAM

Subject: FY2025 Statement of Need (SoN)

SoN Release Date: April 22, 2024

Mandatory Information Webinar: **April 30, 2024**
Registration required for either morning or afternoon session.
10:30AM-12:00PM
<https://zoom.us/j/92992742898?pwd=Z3Q2V2NiODRkOm12Q05yQWVqanNzZz09>

April 30, 2024
3:30PM-5:00PM
<https://zoom.us/j/92823710485?pwd=V1JqWG82QmhEMVobFhRNGhCTmYrdz09>

Proposal Submission Deadline: **May 30, 2024, at 12:00PM (NOON)**

ONLY ELECTRONIC SUBMISSIONS ACCEPTED

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State of Georgia
Division of Family and Children Services
Prevention and Community Support Section

Sexual Risk Avoidance Education (SRAE) Youth Development Program

Statement of Need

1. OVERVIEW

1a. Georgia Division of Family and Children Services

The Georgia Division of Family and Children Services' (DFCS) mission is to prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective and responsive services.

1b. Prevention and Community Support Section

The Prevention and Community Support (PCS) Section of Georgia DFCS works in partnership with community-based organizations committed to reducing the incidence of child abuse and neglect by implementing evidence-based prevention and early intervention techniques to ensure positive outcomes for children and families.

State and federal funding provides families throughout Georgia services such as parent support programs, parent training, screening and identification tools, training opportunities, high-quality home visitation and primary and secondary child maltreatment prevention that helps local communities promote the overall health and well-being of Georgia's children, youth, and families. PCS is committed to supporting quality child abuse and neglect prevention and family support programs throughout the state.

1c. Sexual Risk Avoidance Education Youth Development Program

The Title V State Sexual Risk Avoidance Education (SRAE) Program is authorized and funded by Section 510 of the Social Security Act (42 U.S.C. § 710), as amended by Section 50502 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) and extended by Section 2104 of the Continuing Appropriations Act, 2021 and Other Extensions Act (Pub. L. No. 116-159).

The purpose of the Title V State SRAE Program is to fund states/territories to provide education to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity. The program is designed to teach youth personal responsibility, self-regulation, goal setting, healthy

decision-making, a focus on the future, and the prevention of youth risk behaviors such as drug and alcohol usage without normalizing teen sexual activity.

The goal of the SRAE program is to provide messages to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity. The objectives of the SRAE program are to:

- Implement education and/or strategies that include medically accurate and complete information referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations.
- Select sexual risk avoidance education and/or strategies with an evidence-based approach based on adolescent learning and developmental theories for the age group receiving the education and be culturally appropriate recognizing the experiences of youth from diverse communities, backgrounds, and experiences.
- Teach sexual risk avoidance skills through methods that do not normalize teen sexual activity.
- Target youth ages 10 to 19.

Division of Family and Children Services–Prevention and Community Support (DFCS-PCS) Section will accept Statement of Need (SoN) applications for funding of the Sexual Risk Avoidance Education (SRAE) and Youth Development Program under the Title V State SRAE Grant Program from the United States Department of Health and Human Services (CFDA 93.235). The purpose of this solicitation is to identify and partner with community-based agencies, non-profit organizations, school districts, post-secondary institutions, etc. to provide abstinence-based programming in their local community.

Applicants are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to their target population’s specific needs. These plans must provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock. An expected outcome for all programs is to promote abstinence from sexual activity. Applicants should demonstrate their ability to include abstinence education in an intensive youth development framework. To be eligible for funding under this announcement, programs are required to adhere to the A-F federal definition of abstinence education.

Note: Prior approval from a local board of education and its sex education committee is needed to implement a Sexual Risk Avoidance Education curriculum and to administer the entry and exit surveys in a school or school system. Once approval is granted, the superintendent and applicable principal must sign the Evaluation Acknowledgement form.

1d. Positive Youth Development Framework

States use an evidence-based approach and/or effective strategies to educate youth on the optimal health behavior of avoiding non-marital sexual activity and other risky behaviors. Title V State SRAE projects are implemented using a Positive Youth Development framework as part of risk avoidance strategies to help participants develop healthy life skills, increase individual protective factors that reduce risks, make healthy decisions, engage in healthy relationships, and set goals that lead to self-sufficiency and marriage before engaging in sexual activity. Linking program participants to services provided by local community partners that support the safety and well-being of youth is also a key

component of the program. The four key elements of positive youth development are the following:

1. *An asset-based framework* that recognizes and builds the talents, energies, strengths, and constructive interests that every young person possesses.

The Search Institute's 40 Developmental Assets for Adolescents (Ages 12 – 18): The Search Institute has identified building blocks of healthy development that help youth become healthy, caring, and responsible. The Developmental Assets represent the relationships, opportunities, and personal qualities that youth need to avoid risks and thrive.

The Developmental Asset framework is categorized into two groups of twenty assets. The first group of twenty are External Assets, the positive experiences youth receive from the world around them. These twenty assets discuss supporting and empowering youth, setting boundaries and expectations, and positive activities for youth involvement. External Assets identify important roles that families, schools, neighborhoods, and organizations can play in promoting healthy development.

The second group of twenty assets are Internal Assets, assets that identify youth characteristics and behaviors that reflect positive internal growth and development. The twenty assets in this category state the positive values and identities, social competencies, and commitment needed for youth to make positive and thoughtful choices.

To learn more about the Search Institute's 40 Developmental Assets, go to <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>.

2. *A person-in-context perspective* as a consciously holistic view of youth as individuals, considering the whole community in relation to the whole child.
3. *Youth Voice* includes the perspectives, ideas, experiences, knowledge, and actions of young people.
 - a. Consider the perspectives and ideas of young people. Respect what the young people have to say.
 - b. Work with young people as active and equitable partners in the youth development initiatives that impact them.
4. *Developmentally appropriate practice* promotes a child's social, emotional, physical, and cognitive development by basing all practices and decisions on theories of child development.

1e. Georgia Afterschool & Youth Development Quality Standards

The Georgia Afterschool & Youth Development (ASYD) Quality Standards are a collaborative project endorsed by three state agencies – DFCS, Department of Education, and Department of Public Health. The Standards are research-based, best practice guidelines that describe the critical components of high-quality youth development programs. These guidelines are organized by the following nine quality elements:

1. Programming & Youth Development
2. Linkages with the School Day
3. Environment & Climate

4. Relationships
5. Health & Well-Being
6. Staffing & Professional Development
7. Organizational Practices
8. Evaluation & Outcomes
9. Family & Community Partnerships

The Georgia ASYD Quality Standards can be used as a framework for the design and implementation of high-quality youth programs. These Standards, when adopted by afterschool and youth development programs, can be used as a framework for the design and implementation of high-quality programs for youth from elementary through high school. Employed as an assessment tool, the Standards can help assist programs facilitate a process of continual improvement through an examination of what they are doing well and where to make improvements. In this regard, the Standards are a vehicle for engaging staff and stakeholder teams in ongoing data-driven collaborative decision-making processes. The assessment tool is intended to support a reflective process in which program staff and stakeholders explore their own programs and work collaboratively to develop strategies to enhance policies, procedures, and practices. To learn more about the standards and how you can incorporate them into your programs, go to <http://georgiaasyd.org/>.

1f. Youth Thrive Protective & Promotive Factors

Youth Thrive is both a research-informed framework on youth well-being and an action-oriented Initiative, based on the framework, that is designed to better support healthy development and promote well-being for youth with partners across the country. DFCS-PCS requires that contractors incorporate, at minimum, one (1) of the five (5) Youth Thrive Protective Factors in their program curriculum.

The five protective factors are as follows:

1. Youth Resilience: Managing stress and functioning well when faced with stressors, challenge, or adversity. The outcome is personal growth and positive change.
2. Social Connection: Having healthy sustained relationships with people institutions, the community, and a force greater than oneself that promotes a sense of trust, belonging and feeling that s/he matters.
3. Knowledge of Adolescent Development: Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies).
4. Concrete Support in Times of Need: Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity providing opportunities for skill development, and promoting healthy development (e.g., strengths-based, trauma informed practice).
5. Cognitive and Social-Emotional Competence: Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible, and satisfying adulthood (e.g., self-regulation, executive functioning, and character strengths).

For additional information visit: <https://cssp.org/our-work/project/youth-thrive/#framework>.

2. PROGRAM DELIVERY & PERFORMANCE EXPECTATIONS

2a. Target Population

The target population for the program are youth ages 10-19 years old, who live in geographic locations with high teen pregnancy and birth rates, live in economically disadvantaged communities, are in foster care or are involved with the juvenile court.

Special Populations

As section 510(b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)) describes, applicants are to focus on groups that are most likely to bear children out-of-wedlock. Applicants are required to provide services to youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances.

DFCS-PCS recognizes youth that are the most high-risk or vulnerable for pregnancies include culturally underrepresented youth populations, especially Hispanic and African American, American Indian/Alaska Native youth, youth in or aging out of foster care or adjudication systems, youth who are victims of trafficking, youth who have ran away or left home without permission, youth experiencing homelessness, youth who identify as LGBTQIA2S+, and youth living in communities with high rates of teen pregnancies, teen births, and poverty. Applicants are encouraged to address the unique needs of these vulnerable populations.

2b. SRAE Curriculum & Requirements

There is a growing body of literature on effective interventions for reducing teen pregnancy. These interventions range in program models and target populations. These evidence-based programs have demonstrated impacts on adolescent sexual activity (including delaying initiation of sexual activity), STDs/STIs, pregnancies, and births. DFCS-PCS encourage contractors to select and implement programs with proven effectiveness for the target populations they plan to serve.

DFCS-PCS has reviewed several curricula and programs for SRAE, and has identified the following as examples of evidence-based or promising practice curricula/programs:

- Choosing the Best WAY, LIFE, PATH, JOURNEY, and SOUL MATE
- Relationship Smarts!
- Love Notes

DFCS-PCS does not endorse any specific curriculum or program. The above are examples of effective SRAE curricula/programs. Applicants are not limited to this list and are encouraged to research many curriculum choices for implementation. Ascend, formerly the National Abstinence Education Association, published *Abstinence Works*, a compendium of research demonstrating that SRAE works. *Abstinence Works* can be found at the following webpage: <https://weascend.org/resource/sexual-risk-avoidance-works/>.

A resource that may be helpful in determining which SRAE curriculum is a good fit for your program is the Systematic Method for Assessing Risk-avoidance Tool (SMARTool), developed by The Center for Relationship Education. The SMARTool is designed to:

- Describe effective sexual risk-avoidance interventions and programs

- Provide insights into program and community needs and resources
- Guide assessment of potential curricula that may be used for sexual risk-avoidance program
- Improve program implementation

Developed through a Federal grant, the SMARTool is available to download at <https://www.myrelationshipcenter.org/resources/smartool>.

DFCS-PCS requires that each contractor select a curriculum based in SRAE for implementation in its program. The curriculum must be Federal Sexual Risk Avoidance Education A-F compliant, medically accurate, and age-appropriate with regard to developmental stage of the intended audience.

DFCS-PCS must approve curriculum prior to implementation. DFCS-PCS also requires that every staff person delivering the program model or curriculum to youth is certified or trained in the model or curriculum by its developer.

Contractors are restricted from implementing SRAE without curriculum certification. Proof of certification may be requested by DFCS-PCS at any time.

Federal Sexual Risk Avoidance Education Criteria

Regardless of program type, no funds can be used in ways that contradict the federal A-F provisions for sexual risk avoidance education. Education on sexual risk avoidance must ensure that the unambiguous and primary emphasis and context for each topic described below is a message to youth that normalizes the optimal health behavior of avoiding sexual activity.

- A. The holistic, individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision making, and a focus on the future.
- B. The advantage of refraining from non-marital sexual activity in order to improve the future prospects, and physical and emotional health of youth.
- C. The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
- D. The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- E. The effort of other youth risk behaviors, such as drug and alcohol usage, on increasing the risk for teen sex.
- F. The strategies on how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that - even with consent - teen sex remains a youth risk behavior.

It is required that sexual risk avoidance education is the major component and is incorporated into an intense positive youth development framework. Contractors must also promote asset development, encourage healthy lifestyle choices, and provide positive youth development opportunities and activities for youth. Programs may be specifically developed for this contract funding or may be designed to provide an abstinence education component to an existing after-school program, community-based organization, youth development program, or a school-based project. Regardless of arrangement, programs should be ongoing, long-term, and intensive for program participants.

Minimum Program Hours

DFCS-PCS does not require that contractors offer a minimum number of program hours. Program hours should consist of primarily abstinence education with youth development activities serving as supplemental material. Research has shown that high dosage programs tend to be more effective than low dosage programs.

Contraception

SRAE programs may discuss contraception in the context of risk of pregnancy and sexually transmitted diseases/infections (i.e., efficacy rates of contraception). The discussion always should encourage the prevention of risk, that is, refraining from sexual activity is the only way to avoid all the possible risks associated with sexual activity. Information on contraception must be medically accurate. Contractor programs may not demonstrate or distribute contraception.

Religion

SRAE programs may not promote, discuss, or teach religion. Program activities and services are required to be accessible to any interested participant, regardless of religious affiliation.

The following statement is from Part 87.2 (c) of the Equal Treatment Regulation:

“(c) Organizations that receive direct financial assistance from the United States Department of Health and Human Services may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.”

Medical Accuracy

SRAE programs supported with these funds must be medically accurate and complete. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective. Contractors may not present information as factual when it reflects a value or opinion instead of fact. As a condition of receiving funding under this SoN, applicants must certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.”

For programs that provide information on contraception, the information must be medically accurate and complete, and ensure students understand that contraception offers physical risk reduction, but not risk elimination, and the education cannot include demonstrations, simulations, or distribution of contraceptive devices.

Applicants must complete the Medical Accuracy Assurance form provided.

Age- Appropriate Approach

Contractors must use culturally sensitive interventions that incorporate the norms, beliefs, and values of the target population into the intervention. The program should demonstrate competence in providing socially, linguistically, and culturally appropriate interventions with the population served. Youth participation in the Title V State SRAE programs must be voluntary.

Contractors must ensure that their programs are inclusive of youth who identify as lesbian, gay, bisexual, transgender, and/or questioning, intersex, asexual, and two-spirit (LGBTQIA2S+). Programs should have inclusive programming and environments that create equitable access to resources and opportunities for such youth. These programs help youth who identify as LGBTQIA2S+ feel safe, respected, engaged, and valued for who they are and enables grant recipients to be more sensitive and responsive to their needs. Program materials, practices, and services should not discriminate, alienate, exclude, or stigmatize LGBTQIA2S+ youth and their families.

Contractors must provide age-appropriate information and activities. The topics, messages, and

teaching methods implemented by the project must be consistent with the developmental and social maturity of the program participants and emphasize sexual delay until marriage as normative behavior.

Parental Consent

Contractors will need to receive parental consent for each youth to participate in the evaluation. This year, the Family and Youth Services Bureau (FYSB), Georgia's SRAE federal funder, is requiring the use of uniformity and exit surveys. Entry surveys must be administered to youth prior to any instruction. Exit surveys must be administered at the close of the program. Contractors with multiple program cycles during the year will administer the entry and exit surveys to each cycle throughout the year. Survey results are crucial to the evaluation of each program and must be received in a timely manner. Entry and exit surveys should be entered electronically immediately after administration to program participants.

DFCS-PCS requires parental consent for a youth to participate in the program and the evaluation. Parental consent should be obtained prior to youth's enrollment into the program. Contractors must maintain a copy of these records.

2c. Youth Development Activities

DFCS-PCS is committed to promoting the behavioral health and social and emotional well-being of vulnerable young people through strengths-based, positive youth development. The intention of DFCS-PCS is that SRAE is the central and primary focus of this funding opportunity. In addition, positive youth development activities are encouraged to supplement this central purpose. The following are youth development activities that are appropriate to include under this funding opportunity, in addition to the required SRAE curriculum.

Please note that selecting the activities below means that all of the activities chosen will be provided to your specific target population. Applicants are encouraged to carefully choose activities as these will be tracked through reporting.

- Alcohol, tobacco, and other drug prevention
- Career awareness
- Character education
- College preparation
- Community service
- Counseling
- Enrichment
- Financial literacy
- Healthy relationships
- Life skills
- Mentoring
- Parenting instruction for teen parents
- Tutoring

The youth development activities must be from evidence-based or evidence-informed curricula or practices. Examples of evidence-based curricula that may be used for the youth development activities are:

- All Stars (Character education)
- Botvin Life Skills Training (Alcohol, tobacco, and other drug prevention)
- *Safe Dates* (Healthy Relationships)
- The Dibble Institute's *Connections: Dating and Emotions* (Healthy Relationships) Youth development activities may not violate any aspect of the Federal Sexual Risk Avoidance Education Criteria A-F provisions for SRAE.

2d. Goals and Objectives

The goal of the Title V State SRAE program is to provide messages to youth that normalize the behavior of avoiding non-marital sexual activity. The objectives of the Title V State SRAE program are to:

1. Implement curricula and/or strategies that include medically accurate and complete information based on adolescent learning and developmental theories for the age group receiving the education.
2. Select SRA curricula and/or strategies that are culturally and linguistically appropriate; inclusive; and recognize the experiences of youth from diverse communities, backgrounds, and experiences.
3. Teach SRA skills through methods that do not normalize teen sexual activity.
4. Target youth ages 10 to 19.

NOTE: These objectives may change at any time that the federal fund source, FYSB, implements new required objectives or performance measures. Contractors will be required to meet any federally required objectives upon notification by GA SRAE.

2e. Strategic Results Framework

PCS Outcome Measures for GA-SRAE

Applicants must adhere to the following reporting requirements and outcome measures:

1. Contractors must attend the contract management orientation.
2. Contractors must attend the DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement Contractors
3. Financial report to the Department through the Prevention and Community Support (PCS) section for each month of service of the contract will be submitted by the 13th working day of the following month:
 - a. Contract Budget and Monthly Cumulative Contract Expenditure Report with supporting expenditure documentation.
 - b. Request for Reimbursement Form for the month
 - c. Programmatic report completed and submitted as verification of service provision by the 13th business day of each month.
 - d. Program enrollment and attendance data reported in the data collection system.
 - e. Prior approval for contract-funded materials, media information, and public information received from the DFCS-PCS Program Contact
4. Performance Measure: Served at least 40% of the yearly target number of youth by the end of the second reporting period (3/31/2025).
5. Annual Performance Measure - Contractor will submit a brief narrative summary of the work completed during the contract year to promote Youth Thrive Protective Factors selected in their contract proposal.
6. Annual Performance Measure – 95% of the target population served and reported to DFCS-PCS by 07/31/2025.
7. Annual Performance Measure - 75% of youth enrolled will complete at least 75% of the program.
8. Performance Measure: 100% of Entry and exit surveys will have been submitted to the data

collection evaluator for enrolled youth by the end of the reporting period.

9. Performance Measure – Documentation of satisfactory completion of mandatory state office required training events by the end of the contract period.
10. Performance Measure - Documentation of attendance at minimally four (4) DFCS-PCS sponsored, contract related professional development opportunities or special events by the end of the contract period.

DFCS-PCS reserves the right to modify performance requirements as stated in the SoN prior to a contract being issued or upon any implementation of any federally required performance requirements.

2f. Program Expectations

Use of Funds

Awarded SRAE funds must be used for the delivery of approved evidenced-based pregnancy prevention curricula and youth development activities to vulnerable at-risk youth between the ages of 10-19 residing in counties throughout the state of Georgia. Funds may be used to cover costs of personnel, supplies, instructional materials, grant-related travel, and other grant-related costs. Allowable administrative functions/costs include usual and recognized overhead, including indirect rates for all consortium organizations that have an approved indirect cost rate, and management and oversight of specific project components funded under this program.

Funding Restrictions and Limitations

Under this funding source, contractors are not allowed to use funds to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing. Funds may not be used for building alterations or renovations, construction, fundraising activities, political education, or lobbying. Funds under this announcement cannot be used to supplant or replace current public or private funding, to supplant ongoing or usual activities of any organization involved in the project, to purchase or improve land, to purchase, construct, or make permanent improvements to any building, or to reimburse pre-award costs.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by DFCS. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by other funding sources.

Cost Sharing or Matching

Cost-sharing or matching of non-Federal funds is not required under this announcement. Although there is no statutory match requirement for this SoN, leveraging other resources and related ongoing efforts to promote sustainability is encouraged. Leveraging of other funding sources should be documented in the budget narrative section.

Required Travel for Training (must be included in budget)

Training Topic	Tentative Date	Location	# Days
SRAE Contractor Orientation ***	TBD	TBD	1
DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement Contractors ****	TBD	TBD	1
Curriculum Training**	TBD	TBD	5

DHS/DFCS Prevention and Community Support

Data Collection and Reporting Training ***	TBD	TBD	1
Professional Development Trainings (TBD)**	TBD	TBD	1
Contactoer Wrap Up Meeting ***	TBD	TBD	1

Mandatory Attendance

* Administrator

** Facilitator

*** Administrator and Facilitator

**** Administrator or Fiscal Agent

2g. Program Evaluation and Reporting Requirements

DFCS-PCS requires that contractors comply with and fully participate in the financial, program, and evaluation reporting of the SRAE Program.

The purpose of this program is to provide long-term, ongoing, intensive sexual risk avoidance education programming for youth utilizing a positive youth development framework and supplemental activities. This program does not support one-time curriculum-only approaches for SRAE programs.

For this program, contractors must abide by all program requirements and the stated goals and objectives, provide abstinence education in a positive youth development framework, assure medical accuracy, and must consider appropriate youth development activities and program effectiveness.

PCS GA-SRAE will monitor awarded applicants to promote accountability. Monitoring ensures the mutual success of DFCS and the contractor in achieving contract deliverables. Annual work plans will be reviewed by the assigned GA-SRAE Program Specialists, Adolescent Pregnancy Prevention Unit Manager and/or GA-SRAE Designee.

Monitoring will occur routinely through ongoing communication between GA-SRAE and sub-recipients, annual administrative site visits, and sub-recipients reporting (i.e., work plan, monthly fiscal and programmatic reports, and process and outcome performance measures).

Contractors are required to adhere to the programmatic and fiscal reporting requirements as described below:

Financial

1. **Monthly Fiscal Report:** Contractors must submit a Contract Budget and Monthly Cumulative Contract Expenditure Report Form. Reports are due within 13 working days of the last day of the reporting period. Payment requests will not be processed until programmatic reports have been approved.
2. **Request for Reimbursement Workbook:** Contractors are required to maintain expenditure documentation such as timesheets, equipment purchases, travel logs, supply purchases, inventory records, and consultant contracts. This documentation must be submitted as proof of monthly expenditures along with the Request for Reimbursement Workbook each month. Contractors must submit workbook of expenses for the program, including contract (federal) funds. Reports are due within 13 working days of the last day of the reporting period. Financial reports will not be processed until programmatic reports have been approved. Receipts of all expenses are required prior to payment.

Contractors' budgets must adhere to all allowable and nonallowable expenses as per the GA SRAE Standard Operating Procedures manual, current version updated in October 2024.

NOTE: Reported expenditures by the contractor do not guarantee reimbursement payment in full.

3. **Monthly Programmatic Reports:** Monthly Programmatic Reports will be required along with the monthly fiscal report on the 13th business day following the close of each month. The *Monthly Programmatic Report* will describe progress on achieving work plan deliverables and associated measures.

Programmatic

1. **Notice of Implementation:** The Notice of Implementation documents the date when the program is fully implemented and operational, which is indicated by youth being enrolled into the program, completing entry surveys, and receiving services. This notice must be submitted within 90 days of the contract start date.
2. **Monthly Program Summary:** The Monthly Program Summary addresses the following each month: overall program and site information; program highlights; program challenges; and technical assistance needed. The Monthly Program Summary is a narrative summary of the month's activities and is due on the 13th business day of the following month. It should be attached with the "Request for Reimbursement Workbook" and the "Contract Budget and Monthly Cumulative Contract Expenditure Report Form".
3. **Program Calendars:** The Program Calendar includes information regarding program times and locations, assemblies, field trips, and special events that are DFCS-PCS funded activities. The Program Calendar is due with the Performance Report and Payment Schedule Form (see section 2j. Performance Deliverables for due dates). Not clear on the purpose of this and it is not mentioned anywhere else in SoN. If it is meant to update on any changes from the timeline, then that should be stated here.
4. **Evaluation Reporting:** Contractors are required to submit accurate and timely program reports. Contractors must stay up to date on reporting as this is a requirement prior to payment. Contractors must submit participant enrollment and attendance data via an online system to an external evaluator.
5. **Entry and Exit Surveys:** Contractors will need to receive parental consent for each youth to participate in the evaluation using Entry and Exit surveys. This year, the Family and Youth Services Bureau (FYSB), Georgia SRAE's federal funder, is requiring the use of uniform entry and exit surveys. Entry surveys must be administered to youth prior to any instruction. Exit surveys must be administered at the close of the program. Contractors with multiple program cycles during the year will administer the entry and exits surveys to each cycle throughout the year. Survey results are crucial to evaluation of each program and must be received in a timely manner. Entry and exit surveys must be entered electronically immediately after administration to program participants.

NOTE: Further direction regarding the FYSB-generated surveys will be forthcoming.

All Applicants must submit an Evaluation Acknowledgement certifying their understanding of the compliance requirement.

Data Collection and Reporting

DFCS-PCS has contracted with an external data system consultant for the purpose of collection of programmatic data. Contractors will have the following roles and responsibilities within the data collection and reporting:

1. Must collect, enter, and maintain participant-level implementation and outcome data.
2. Must enter participant enrollment and attendance data into the online data system.
3. Must properly administer the entry and exit surveys using the designated data collection database system.
4. Must receive parental consent for each youth to participate in the program.
5. Must receive parental consent for each youth to participate in the evaluation.
6. Must have staff person(s) who are responsible for any part of the data reporting trained by the contractor.

3. STATEMENT OF NEED (SON) CRITERIA

3a. Purpose

This Statement of Need has been issued by the Georgia Division of Family and Children Services – Prevention and Community Support (DFCS-PCS) Section to seek proposals from eligible entities to implement Sexual Risk Avoidance Education (SRAE) and Youth Development Program under the Title V State SRAE Grant Program from the United States Department of Health and Human Services (CFDA 93.235). The purpose of this solicitation is to identify and partner with community-based agencies, non-profit organizations, school districts, post-secondary institutions, etc. to provide abstinence-based programming in their local community.

3b. Eligibility Criteria

An eligible applicant must meet *all* of the following criteria:

- Be a state government agency, public education agency, local county governments, or a 501c3 non-profit organization in Georgia.
- Be responsible, liable, and oversee financial, program, and post-award reporting requirements.
- Applicant **MUST** attend the mandatory Information Webinar to obtain the necessary information for electronic submission of applications.
- Submit complete application, including all forms/documents electronically by **NOON on May 30, 2024**.
- Application **MUST** include all required documents identified on the Application Checklist, as applicable.
- If original signature(s) is required for any document, signature(s) **MUST** be that of the individual(s) authorized to sign contracts for the applicant.
- Satisfy all proposal, eligibility, and contract requirements described in Statement of Need.
- Demonstrate that it has the qualifications and capacity to meet implementation, oversight and reporting requirements outlined in Statement of Need.

Failure to meet any of the above eligibility requirements may result in disqualification of proposal.

Fiscal Agent Responsibilities

All applicant agencies receiving GA-SRAE funds should have an annual agency budget that derives at least 25% of its income from other federal, state, local or private funds, exclusive of GA-SRAE awards. The applicant agency should meet the following criteria as outlined below:

1. Accounting records provide information needed to identify each contract awarded (State, Federal, Local Government, and Private) to applicant by identifying the receipt of funds for each contract and the expenditure of funds for each contract award.
2. Entries in accounting records refer to subsidiary records and/or documentation which support the entry and can be readily located.
3. The accounting system provides accurate and current financial reporting information.
4. The accounting system integrates with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote

DHS/DFCS Prevention and Community Support
operational efficiency, and encourage adherence to prescribed management policies.

Federal Funding Accountability and Transparency Act & Consolidated Appropriations Act

The Transparency Act requires information disclosure concerning entities receiving federal financial assistance through federal awards such as federal contracts, sub-contracts, grants, and sub-grants (Reference 31 U.S.C. 6101).

Successful applicants will be required to provide total compensation of the five highest compensated officers of the contractor if the contractor in the preceding fiscal year received 80 percent or more of its annual gross revenue in federal awards and \$25,000,000 or more in annual gross revenue from federal awards. Successful applicants will also need to provide the following information in order to comply with the "Federal Funding Accountability and Transparency Act."

The Consolidated Appropriations Act, 2016, (Title VII, General Provisions – Government-Wide), limits the salary amount that may be awarded and charged to ACF grants and cooperative agreements. Award funds issued under this SoN may not be used to pay the salary, or any percentage of salary, to an individual at a rate in excess of Executive Level II. The Executive Level II salary of the "Rates of Pay for the Executive Schedule" is \$185,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the applicant organization. This salary limitation also applies to sub-awards or subcontracts under an Administration for Children and Families mandatory and discretionary grant. Therefore, this salary limitation applies to the SRAE and Youth Development Program contractors.

3c. Application & Proposal Requirements

All required documents MUST be submitted electronically - uploaded to secure submission site by **NOON on May 30, 2024**. Proposals submitted that do not include ALL required forms and documents will be disqualified.

Required forms must be downloaded from website. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal.

Complete forms, documents and screenshots as directed. Prepared documents and screenshots MUST be current (and not from previous proposals or prepared or downloaded in 2024.) See Section 5 for copies of forms.

3d. Proposal Review & Selection Process

Applications received by the submission deadline undergo a Compliance Review to determine if all required documentation has been submitted as required and Applicant is eligible for further consideration.

Incomplete applications will be identified as non-compliant and do not advance to a qualitative Proposal Review. Applicant will be notified of the status of their submission by email. Submission of documents after the deadline is not permitted. PCS will not permit applicants to add information to their application after submission unless clarification or additional information is requested by PCS.

Applications that meet all compliance and eligibility criteria will advance to a qualitative Proposal Review by an independent review team.

Intent to Award notices will be sent by email. Contracts with Applicants awarded funding will begin October 1, 2024, and end September 30, 2025. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by PCS.

3e. Award Amount, Decisions and Notification

Contract Award Amount

Applicants are applying for 2024 – 2025 funding through this SoN. The maximum amount of federal funds applicants can apply for is \$100,000.00.

Competitive Funding

A funding application is required annually. An initial contract does not guarantee continued funding. The annual submission allows contractors to improve or modify objectives or activities as needed.

Competitive contracts are awarded to applicants that demonstrate the following:

- Professional management of contract funds and compliance with administrative and performance requirements,
- Accurate and prompt submission of required program, evaluation, and financial reports,
- Positive performance compliance with completion of program goals & objectives, and
- Implementation plan for their program.

Please keep in mind that competitive funding is contingent on several factors including organizational capacity, performance history, contractual compliance, and availability of funds.

Modification of Funds

DFCS-PCS reserves the right to make changes to the application budget at the time of the contract award and will communicate any changes to the fiscal agent. DFCS-PCS may negotiate all or part of any proposed budget after award of the contract award agreement in the event that funding, or program requirements so dictate.

NOTE: Due to the state award amount not yet being determined by the federal funder for this grant year, all budgeted amounts may be adjusted upon notice from FYSB.

3f. Contract Period & Requirements

Contract Period

FFY2025 contract period covers 12 months, from October 1, 2024, through September 30, 2025. The total contract amount will be the awarded federal amount and does not require a match. Programs must be *fully* implemented within ninety (90) days of the contract start date.

DFCS-PCS Contract Management Orientation

If an applicant is awarded a contract, it is mandatory to attend the DFCS-PCS contract management orientation. The date and location are to be determined.

DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement Contractors

If an applicant is awarded a contract, it is mandatory to attend the DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement Contractors. The date and location are to be determined.

Site Visits

DFCS-PCS staff will conduct a site visit to each contractor during the contract period. Additional visits may be conducted, but each contractor will have at least one visit from DFCS-PCS staff during the contract year. Site visits will be conducted to monitor the program for progress, implementation, compliance, and to view program and financial documents.

Training, Technical Assistance, and Events

PCS GA-SRAE staff will provide ongoing, individual technical assistance and other support activities to contractors as needed or requested throughout the year.

DFCS-PCS will offer a number of post-award training and technical assistance opportunities and special events (e.g., SRAE workshops, youth development workshop, Youth Summit, etc.). Contractors will be informed of the opportunities via email.

Contractors are required to attend at least four (4) DFCS-PCS sponsored, contract-related professional development opportunities or special events per contract year. The number of required trainings may change between the issuance of the Statement of Need and the contracting process with awardees. Awardees should review all contract deliverables prior to signing as they may be different than the SoN.

Communications

PCS asks that applicants direct all questions to the contacts below. Questions will be permitted until the date of the proposal submission. Applicants are strongly encouraged to pose all questions as early as possible in the SoN process.

Program/SoN Questions:

Missy Thompson
SRAE Program Specialist
Prevention and Community Support
Missy.Thompson@dhs.ga.gov
(404) 858-2343

Wynecoka Thompson
SRAE Program Specialist
Prevention and Community Support
Wynecoka.Thompson1@dhs.ga.gov
(229) 854-2959

Erika Dennis
Adolescent Pregnancy Prevention Unit Manager
Prevention and Community Support
Erika.Dennis2@dhs.ga.gov
(404) 859-0412

Budget/Finance Questions:

Bonnie Kelley
Contracts Manager
Prevention and Community Support
Bonnie.Kelley1@dhs.ga.gov

Program/SoN Questions:

Karsten Hartman
Director
Prevention and Community Support
Karsten.Hartman@dhs.ga.gov
(404) 520-0529

3g. Award Distribution

DFCS-PCS will offer a cost reimbursement contract agreement to selected applicants that will define performance standards, process and quantitative outcomes, and an approved budget. Contract payments will be based on the achievement of specific accomplishments of process and quantitative outcomes, and incurred costs of the contractor. Contractors will utilize their own funds prior to receiving reimbursement and must maintain a minimum of four months capital to support full program operations.

NOTE: If program funds for the contract year are not being adequately expended by the end of the second quarter, DFCS-PCS may de-obligate contract funding to reflect current spending projections. Mandatory de-obligations will be incurred at the end of the third period, if DFCS-PCS feels federal funds may be lapsed.

4. APPLICATION AND DOCUMENT REQUIREMENTS

4a. Required Proposal Documents

Download and complete all forms as instructed. See Section 5 for sample documents. P1

- Application Cover

- Complete as directed ensuring that all fields are complete, and information reported is consistent with information reported on other documents.
- Document MUST be signed by the Authorized Authority identified and meet organization's contract authority requirements as defined on public entity Authorization or non-profit Corporate Resolution.

P2 - Proposal Narrative (14pages)

Applicant MUST respond to all questions in the Narrative ensuring that information included in responses are consistent with information provided on other forms or documents. The narrative provides a detailed description of the work to be undertaken.

- Boxes will expand as responses are entered.
- Do not exceed page limits for each section.
- Do not change font, font size or margins in response boxes. Be mindful of copying/pasting from other documents as this often affects formatting.

Part A. Needs Assessment: Questions 1-8 (Maximum 4 Pages)

Responses MUST demonstrate that there is a need for a SRAE program in the community/school system/school(s) identified. Relevant and supportive data should be included.

Part B. Administration; Questions 9-16 (Maximum 3 pages)

Responses MUST demonstrate that Applicant has the resources, experience, and capacity to administer a Sources of Strength program and meet implementation requirements.

Part C. Implementation: Questions 17-23 (Maximum 5 pages)

Responses MUST demonstrate that Applicant has an appropriate and comprehensive plan to promote, deliver, and support a successful SRAE program.

Part D. Outcomes: Questions 13 (Maximum 2 pages)

Responses should demonstrate the benefits expected to be achieved through implementation of the SRAE program.

P3 - Medical Accuracy Assurance

Download and complete Medical Accuracy Assurance form as directed.

Programs supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective.

Applicants must certify that "all abstinence education materials that are presented as factual, will be

grounded in scientific research.” Programs may not present information as factual when it reflects a value or opinion instead of fact.

P4 – Evaluation Acknowledgement

Download and complete Evaluation Acknowledgement form as directed.

Prior approval from a local board of education and its sex education committee is needed to implement a Sexual Risk Avoidance Education curriculum and administer the entry- and exit-surveys in a school or school system.

All applicants must sign the Evaluation Acknowledgement Form to certify their understanding and compliance with regard to administering entry and exit surveys and the data collection and reporting requirements.

P5 - Activities Chart

Download and complete Activities Chart form as directed.

Ensure that the information reported on the chart is consistent with information reported in narrative responses.

Example:

Identify Site or Group:	Marietta YMCA Afterschool Program		
Activity	Curriculum or Type	# Hours	# Cohorts
Primary SRAE Curriculum	Choosing the Best	6	2
Youth Development	Alcohol, Tobacco, and Other Drug Prevention	2	2
Youth Development	Community Service	3	4
Youth Development	Healthy Relationships – <i>Relationship Smarts</i>	5	2
		TOTALS	
		16	10

Insert additional rows as needed to list all activities.

P6 - Budget Workbook (Budget & Budget Narrative)

Download and complete Budget Workbook as directed. Ensure that the information reported in the workbook is consistent with information reported in budget narrative.

Proposed Budget

Complete the Proposed Budget Summary workbook. The Excel workbook contains a budget summary for the applicant. The budget summary must provide computation of requested funds and justification of costs in relation to activities.

Allowable and Unallowable Costs

A list of allowable and unallowable costs is provided in the Budget Summary Workbook. Examples of allowable expenses are defined under the budget categories.

The following indirect activities may not exceed 10% of the budget: administrative oversight; supervision of staff; bookkeeping/data entry; local evaluation; real estate rental/utilities/other facility costs; equipment; other agency shared costs. A list of some common indirect costs is listed below.

Any DFCS-PCS required activity (e.g., the contract management meeting) is considered a direct cost for the purpose of this contract.

Common Indirect (Administrative) Costs:

- Contract Manager
- Finance Director/Accountant/Bookkeeper
- Trainer
- Bookkeeping costs
- Financial and/or programmatic audit costs
- Rent and/or mortgage on administrative offices
- Utilities on administrative offices
- Office supplies for staff
- Pens, paper, etc.
- Insurance
- Employee travel to non-required training
- Printing
- Meeting Expenses
- Copier
- Postage
- Vehicle Maintenance
- Background Investigations

Costs that will need justification to be considered direct service:

- Trainings
- Conferences
- Travel outside of direct service travel
- Equipment
- Volunteers
- Administrative Staff and Supervisors who also provide direct services
- Meeting expenses
- Cell phones for direct service employees requiring travel

Budget Narrative

The budget narrative also must be completed providing details for each expense identified on the budget. For example, applicants may not just report a cost item for “Speaker Contracts.” The applicant must describe what the purpose is, who the speaker is, what event is happening, and a justification of including this expense and the amount and value added to the proposed program.

In the budget narrative, all cost items should be properly detailed and identified as direct or indirect in order for DFCS-PCS to make the proper determination on use of funds.

Contractors are responsible for obtaining and executing MOAs or MOUs with partners or sub-contractors providing services under this agreement. Documentation and copies of agreements can be requested by DFCS-PCS at any time during the contract period.

P7 – Timeline

Download and complete program timeline, as instructed.

Ensure that the information reported on the chart is consistent with information reported in narrative responses

P8 - Additional Document(s) Confirmation & Summary

Applicant must determine, based on responses provided in the Narrative, if they are required to submit any or all of the following MOU agreements with proposal.

Site MOU Agreement with Site(s) not under Jurisdiction of Applicant or Implementing Agency

If any site/location identified in Narrative, Needs Assessment Question #2 where program services will be provided is not under the jurisdiction of the Applicant or the Implementing Agency, Applicant must also submit a copy of an executed MOU/Agreement between the Applicant or Implementing Agency and the site.

MOU Agreement with Implementing Agency

If Implementing Agency was identified in Narrative, Administration Question #14, a copy of an executed MOU/Agreement between the Applicant and the Implementing Agency MUST be submitted with proposal.

MOU Agreement with Fiscal Agent

If Applicant contracts with another entity to manage all its financial matters, a copy of the executed agreement between the Applicant and the Fiscal Agent MUST be submitted with proposal.

A copy of the Fiscal Agent's audit may be required prior to contract preparation, if proposal receives an award.

See Section 5, Additional Document(s) Confirmation & Summary for instructions on preparing required MOU agreements for uploading.

Ensure that the information in MOU/Agreements, such as Applicant, Authorized officer, site description and address are consistent with information provided in narrative responses or on other documents.

A copy of the Applicant's most recent audit may be required if they have not had a contract with the Division within the last two years. If this is the case, a copy of the audit will be requested prior to preparation of a contract.

4b. Preparing Proposal Documents

Start early. Several documents require signatures and/or must be notarized which takes time to coordinate. Screenshots and Insurance Certificates must meet certain criteria which also may take time to confirm.

- All required documents **MUST** be submitted electronically by the submission deadline - uploaded to secure submission site, [Submittable.com](https://www.submittable.com).
- Consult Application Checklist to determine documentation required with your proposal.
- Only forms provided with this Statement of Need will be accepted unless otherwise directed or this may result in disqualification of proposal. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Complete forms, documents and screenshots as directed. Prepared documents and screenshots **MUST** be current (and not from previous proposals or prepared or downloaded in 2024.) See Section 5 for copies of forms and templates. Samples of screenshots are included with instructions for completing documents.
- Ensure that information reported on more than one form is consistent. This would include applicant's legal name, names and titles of individuals or numbers such as federal employer ID#, etc.
- Signing authorities/officers **MUST** be identified consistently by name and title on all required documents, forms, and screenshots and be consistent with names and titles on Authorization (for public entities) or corporate resolution and Secretary of State screenshot (for non-profits).
- Only one document may be uploaded for each document required. If any document includes multiple signed or scanned documents, they must be combined and saved as a single document and saved as described. This may occur with multiple signed Individual Site Plans, Additional Document(s) Confirmation & Summary and Vendor Management form, if copy of blank check is required.

PROPOSAL SUBMISSION DEADLINE

May 30, 2024, 12:00PM (NOON)

4c. Completing Proposal Documents

Several documents may require input or signature from multiple sources for an organization. It is recommended that these forms be identified early and circulated with instructions to those individuals who must complete or sign them. This is also true of the System Award Management screenshot and Secretary of State screenshot and Certificate of Insure required for non-profits.

Copies of all forms and templates are included in Section 5 and can be downloaded from <https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunities>.

- Complete each form using Arial Narrow 10 point, single-spaced.
- Do not change text, format, font size, spacing or margins imbedded in the forms.
- Do not exceed specified page limits.
- Be mindful of copying/pasting from other documents as this often affects formatting.
- Identify applicant consistently on all documents using full legal name as it appears on the System Award Management (SAM) screenshot for public entities or Secretary of State registration screenshot for non-profits.
- Record assigned **proposal ID#** (SRAE####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal ID#** (SRAE####) assigned on all documents for each proposal.
- If printing any document to sign, scan signed document using a resolution no greater than 150 dpi to reduce the risk of timing out when uploading. Scanned signed documents **MUST** be saved as a **pdf**. Documents saved as images, png or jpeg files **WILL NOT** upload.

Please note: Do not change file extensions on scanned documents to meet format requirements. Document must be saved in correct format, or it will 'fail to upload'.

- Pictures or images of documents are not acceptable. Documents that are signed or required screenshots must be in pdf format. Png or jpg files will not be accepted.
- Screenshots taken with a mobile device will not upload to the submission site and may result in a 'failure to upload' error. All screenshots should be done on a laptop or desktop computer and saved as a pdf or image pasted into a Word document that can then be saved as a pdf. Verify that any image pasted into a document displays after uploading to the submission site.
- When saving final documents, follow the required format and naming convention for each document using assigned proposal ID# followed by an underscore and the required document name. No extra spaces. Example: **SRAE####_Tax.doc**
- Only documents prepared in the required format will upload. Word documents can be .doc or .docx and Excel documents .xls or .xlsx. All scanned documents must be .pdf.

The following documents are REQUIRED for ALL NON-PROFIT or PUBLIC ENTITY proposals.

P1 – Application Cover <i>(Use form provided.)</i>	
Information reported on Cover will be used to develop contract provided proposal receive an award.	
<ul style="list-style-type: none"> • Download form and complete all fields as directed. • Complete as directed insuring that all fields are complete. If a field does not apply, record N/A. • Verify that information is consistent with the same information provided on other documents, such as the SECIM form, corporate resolution, Authorization, SAM, or SOS screenshots. • Section 2, Applicant Organizational Status & Signing Authority: Complete only the section that applies to your organization’s legal status as either a non-profit or a public entity, ensuring that the individual(s) identified as the signing authority is consistent with authorization document (non-profit Corporate Resolution or public entity Authorization). • Cover MUST be signed by an individual identified in Section 2 as the signing authority and meet organization’s contract authority requirements as defined on public entity Authorization or non-profit Corporate Resolution. • Electronic or digital signatures are allowed. Do not password protect document. • Typed signatures are not acceptable. • Scan signed document and save pdf as SRAE####_Cover.pdf 	
P2 – Proposal Narrative <i>(Use form provided.)</i> Maximum 12 pages.	
<ul style="list-style-type: none"> • Download form and complete as directed. Respond to all questions. If any question is not applicable, record N/A in the space for a response. • Record Applicant name and assigned proposal ID# as recorded on Application Cover. • Respond to each question in the space provided. Boxes will expand as you type. Be clear. Be concise. Be comprehensive. Avoid including information that is not relevant to the question. • Do not exceed the page maximum for each section. • Save Word document as SRAE####_Narrative.docx 	
P3 – Medical Accuracy Assurance <i>(Use form provided.)</i>	
Applicants must certify that “all abstinence education materials that are presented as factual will be grounded in scientific research”. Medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective.	
<ul style="list-style-type: none"> • Download form and complete as directed. • Record Applicant name and assigned proposal ID# as reported on Application Cover. • Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with: <ul style="list-style-type: none"> <u>For public entities</u> • Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2. <ul style="list-style-type: none"> <u>For non-profits</u> • Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2. • Electronic or digital signatures are allowed. Do not password protect document. • Typed signatures are not acceptable. • Save scanned pdf as SRAE####_MedicalAssurance.pdf 	

P4 – Evaluation Acknowledgement (Use form provided.)

Applicants must certify their understanding of their role and expectations with respect to program evaluation.

- Download form and complete as directed.
- Record Applicant name and assigned proposal ID# as reported on Application Cover.
- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:
 - For public entities
- Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2.
 - For non-profits
- Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Save scanned pdf as **SRAE####_Evaluation.pdf**

P5 – Activities Chart (Use form provided.)

Activities Chart MUST be completed identifying each activity, type and # hours/site/group. See example in SoN page 21.

- Download form and complete as directed.
- Record Applicant name as reported on Application Cover.
- Record assigned proposal ID# in the space provided.
- Identify Activity: Primary SRAE Curriculum, Youth Development or Other activity/service.
- Identify Curriculum or Type: Identify certified curriculum or describe activity.
- Record # of hours/cohort.
- Estimate # of cohorts during the program year.
- Ensure that the information reported on the chart is consistent with information reported in narrative responses.
- Save Word document as **SRAE####_Activities**

P6 – Budget Workbook (Use form provided.)

The Budget Workbook includes:

1. Proposed Budget Summary - Completed documenting expected program expenses (for reimbursement).
2. Budget Narrative - Completed providing detailed descriptions to justify expense item, and allocation and calculation for amount of expense.
3. Budget Narrative Example
4. Allowed Costs
5. Unallowed Costs

- Download form and complete as directed.
- See SoN page 15 for additional information on completing the Budget Workbook.
- Record Applicant name as reported on Application Cover.
- Record assigned proposal ID# in the space provided.
- Total Budget MUST be consistent with Amount Request on Application Cover.
- Save EXCEL document as **SRAE####_Budget.xlsx**

P7 – Timeline *(Use form provided.)*

- Download form and complete as directed.
- Record Applicant name as reported on Application Cover. Applicant MUST be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal ID#**.
- Identify key activities and tasks to be completed each month to ensure successful implementation.
- Save Word document as **SRAE####_Timeline.docx**

P8 – Additional Document(s) Confirmation & Summary *(Use form provided.)*

Applicant MUST determine if any of the following document requirements apply to its application/proposal.

- **Individual Site MOU agreement(s).** See Narrative, Needs Assessment, Q 2.
 - *REQUIRED for proposals when the Applicant, or Implementing Agency, will provide services at a site not under its jurisdiction. Applicant must submit a copy of the agreement with the non-profit or public entity that covers the site where program services will be delivered.*
 - Copy of executed agreement must include description of negotiated terms between the Applicant or Implementing Agency and the Site that are consistent with contract and performance implementation requirements described in the Statement of Need.
 - Applicant identified on site MOUs MUST be consistent with the Applicant identified on the Application Cover or with Implementing Agency identified on Implementing Agency Agreement.
 - Individual site(s) MOUs MUST be consistent with information reported in responses to corresponding Narrative Q2.
 - If more than one MOU must be submitted, scan or combine all signed MOUs as a single pdf.
- **Implementing Agency MOU agreement.** See Narrative, Administration, Q14.
 - *REQUIRED for proposals when the Applicant is NOT implementing program services and all implementing activities will be the responsibility of another legal entity - non-profit or public entity.*
 - Copy of executed agreement must include description of negotiated terms between the Applicant and the Implementing Agency that are consistent with contract and performance implementation requirements described in the Statement of Need.
 - Implementing Agency identified MUST be consistent with information reported in responses to corresponding Narrative Q14.
- **Fiscal Agent Agreement.** See Narrative, Administration, Q18.
 - *REQUIRED if Applicant does not manage its own financial matters and contracts with another legal entity to manage its financial affairs.*
 - Copy of executed agreement between Applicant and Fiscal Agent must be consistent with information reported on Cover, Section 4 and information provided in response to Narrative Q 18.
 - Copy of Fiscal Agent audit may be required if proposal receives an award.
- Applicant identified on MOU agreements MUST be consistent with the Applicant identified on the Application Cover.
- Applicant must complete and upload Additional Document Confirmation & Summary form confirming that they have assessed the requirement criteria for each of the MOU agreements identified in the Statement of Need that may apply to their PREP proposal.
- If no MOU agreements apply, form must be completed and submitted to confirm that none are required. Save completed form as a pdf identified as **SRAE####_Additional.pdf** and upload as directed.

- If Applicant is required to include any MOU agreements with their PREP proposal, copies of all required MOU agreements that apply to their PREP proposal must be submitted.
- Scan copies of all required executed MOU agreements (at a low resolution) and combine with confirmation form as a single pdf identified as ***PREP###_Additional.pdf*** and upload as directed.

4d. Preparing Other Documents, Forms and Screenshots

- All forms, documents and screenshots MUST BE CURRENT.
- Documents submitted for another proposal will not be accepted.
- All screenshots must reflect 2024 or later status.
- All dated documents requiring signatures must have a 2024 date.
- Identification of individuals, by name and title, must be consistent on all signed documents.
- Documents that require a corporate seal or notarization MUST be scanned copies with original signatures.

To help to avoid contract delays should the proposal be awarded funding. ...

It is advised that the documents listed below be signed by a single signing authority who is identified by name and/or title on the Corporate Resolution (non-profits) and SOS screenshot or on the Authorization (public entities) and as the Signing Authority on the Application Cover, Section 2. Typed signatures are not acceptable.

- Application Cover ((MUST have original signature)
- Security and Immigration form (MUST have original signature)
- Criminal History certification form (MUST have original signature)
- Non-profit Corporate Resolution (MUST have original signature)
- Public Entity Authorization (MUST have original signature)

- Medical Accuracy Assurance and Evaluation Acknowledgment forms may be signed electronically or digitally*. Names and titles MUST be consistent with other documentation.

The following forms may be signed by other individuals within the Applicant's organization responsible for those duties.

- Vendor Management form (MUST have original, electronic, or digital signature)*
- W9 (MUST have original, electronic, or digital signature)*

*Do not password protect any document that has a digital or electronic signature.

- Follow required format and naming convention for each document using assigned proposal ID# followed by an underscore and the required document name. Example:
SRAE####_Tax.doc
- No spaces or additional characters required for document identification.
- Documents that do not meet the format and naming convention will not upload to the submission portal.

The following documents are REQUIRED for ALL NON-PROFIT and PUBLIC ENTITY proposals.

C1 – Tax Compliance (Use form provided.)

- Download form and complete as directed, providing responses to all applicable questions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover, Vendor Management and W9 forms.
- No signature required.
- Save final Word document identified as **SRAE####_Tax.doc**

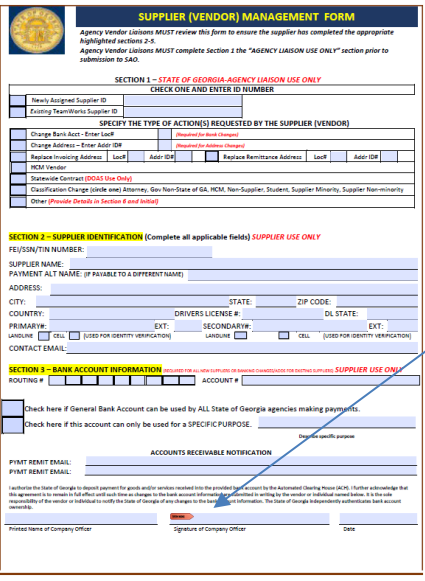
The image shows a 'Georgia TAX COMPLIANCE' form for suppliers. It contains several sections with checkboxes and input fields:

- INSTRUCTIONS TO SUPPLIER:** Requests for the following information:
 - Supplier Name
 - Physical Location Address
 - Federal Identification Number (FEI)
 - Have you ever been registered in the State of Georgia? (Y/N)
 - If so, please provide the following information, if applicable:
 - State Employer Identification Number (STE)
 - Sales and Use Tax Number
 - Withholding Tax Number
 - What type of services will you perform?
 - Will you sell any tangible personal property or goods? (Y/N)
 - Supplier's Affiliate's Name:
 - FEI
 - STE
 - Sales and Use Tax Number
 - Withholding Tax Number
 - If there is more than one affiliate, please attach a separate sheet listing the information above.
 - Persons responsible for handling supplier's tax issues (such as CFO, the company tax officer, etc.)
 - Name
 - Telephone Number
 - Email Address
- NOTICE TO SUPPLIER:** Information regarding contract award and data privacy.
- STATE ENTITY:** Request to email the form to DHS at dhs-state-compliance@dnr.ga.gov.

C2 – Vendor Management Form (Use form provided.)

- Download form (version 04/2022) and complete as directed. **Read carefully and only complete the sections that apply.**
- Record legal name of Applicant as reported on Application Cover.
- Consult Vendor Management form instructions that follow to identify sections you must complete.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover, Tax Compliance and W9 forms.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Save as a pdf or print and sign as required and scan pages saving pdf as **SRAE####_VendMgt.pdf**

See additional guidance on completing Vendor Management form below.



SUPPLIER (VENDOR) MANAGEMENT FORM
 Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-6.
 Agency Vendor Liaisons **MUST** complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GEORGIA AGENCY LIAISON USE ONLY
 CHECK ONE AND ENTER ID NUMBER

New Assigned Supplier ID
 Existing TeamWorks Supplier ID

SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)

Change Bank Acct – Enter Loc# (Required for Bank Change)
 Change Address – Enter Addr ID# (Required for Address Change)
 Replace Invoicing Address (Loc#) Addr ID#
 Replace Remittance Address (Loc#) Addr ID#
 HCM Vendor
 Statewide Contract (DOAS Use Only)
 Classification Change (Specify with Address, City, Non-State of GA, HCM, Non-Supplier, Student, Supplier, Minority, Supplier Non-Minority)
 Other (Provide Details in Section 6 and Attach)

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) **SUPPLIER USE ONLY**

FEI/SSN/TIN NUMBER: _____
 SUPPLIER NAME: _____
 PAYMENT ALT NAME: (IF APPLICABLE TO A DIFFERENT NAME) _____
 ADDRESS: _____ STATE: _____ ZIP CODE: _____
 CITY: _____ DRIVERS LICENSE # _____ DL STATE: _____
 COUNTRY: _____
 PRIMARY# _____ EXT: _____ SECONDARY# _____ EXT: _____
 LANDLINE CELL (USED FOR QUOTE VERIFICATION)
 CONTACT EMAIL: _____

SECTION 3 – BANK ACCOUNT INFORMATION (Required for all new suppliers to be approved. Do not update on this form unless SUPPLIER USE ONLY)

ROUTING# _____ ACCOUNT# _____

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
 Check here if this account can only be used for a SPECIFIC PURPOSE.

ACCOUNTS RECEIVABLE NOTIFICATION
 PIMT REMIT EMAIL: _____
 PIMT REMIT EMAIL: _____

Authorizes the State of Georgia to deposit payment for goods and/or services created into the provided account by the Automated Clearing House (ACH). Further acknowledge that the supplier is responsible for all other parties with whom changes to the bank account information are made by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authorizes bank account payments.

Printed Name of Company Officer: _____ Signature of Company Officer: _____ Date: _____

Applicant **DOES NOT** complete Section 1.

Applicant signs and dates Section 3.

Applicant **DOES NOT** sign Section 6.

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

Deactivate Supplier Profile (Enter justification in Section 6)
 Reactivate Supplier Profile
 Add New Bank Account (Must complete Section 3)
 Change Existing Bank Account (Must complete Sections 1 & 3)
 FEI/TIN Change (Required for changes of 2009 applications)
 Supplier (Business) Name Change
 Add/Change Business Address (Must complete Section 2)
 Change Existing Business Address (Must complete Sections 1 & 2)
 New 2009 Application 2009 Application
 2009-NI Enter Code (Required for Form 2009-NI)
 2009-NI Code 00 is the only code available for the 2009-NI
 2009-LOC# (Other Address ID # works to enter code)
 Other (Provide details in Section 6)

SECTION 5 – TYPE OF BUSINESS (Check all that apply)

BUSINESS CATEGORIES – CHECK ALL THAT APPLY
 Local Business GA Resident Business Minority Business Certified Women Owned Hispanic + Latino Asian American Pacific Islander Non Applicable

MINORITY BUSINESS ENTERPRISE (MBE) OWNED:
 Native American Hispanic + Latino Asian American Pacific Islander Non Applicable

*Based on Georgia law (DCSA 20-2-2) ("Small Business" means any business which is independently owned and operated. Additionally, such business must either have 500 or less employees OR \$30 million or less in gross receipts per year.)

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Discontinue" boxes are checked in Section 4)

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.

Business Name: _____ Agency BUI#: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____

State Accounting Office Revised 04-2022

Instructions: Please see 'Notes' for additional information on completing that section of the Vendor Management form.



SUPPLIER (VENDOR) MANAGEMENT FORM

INSTRUCTIONS FOR SUPPLIERS

Note: Section 1 is completed by DHS representative.

SECTION 1- AGENCY LIAISON USE ONLY

This section **MUST** be completed in its entirety unless otherwise indicated in the description boxes below.

New Assigned Supplier ID	Required, if the supplier is unapproved. Select the checkbox and enter the Supplier ID Number.
Existing TeamWorks Supplier ID	Required, if the supplier is approved or inactive. Select the checkbox and enter the Supplier ID Number.
Change Bank Acct – LOC#	Required, if the request is to change the supplier's existing bank information. Select the checkbox and enter the Location in TeamWorks to change.
Change Address - #	Required, if the request is to change the supplier's existing address. Select the checkbox and enter the Address ID number in TeamWorks to change.
Replace Invoicing Address	This option is required to change a Location's Invoice Address. Select the checkbox and enter the Location # and the new AddrID#
Replace Remittance Address	This option is required to change a Location's Remittance Address. Select the checkbox and enter the Location # and the new AddrID#
HCM Vendor	Required, if the request is for an HCM supplier. Select the checkbox.
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select the checkbox if the supplier is under an SWC or to identify a supplier as an SWC vendor.
Classification Change	Required, if the request is to change the supplier's current Classification. Circle the new Classification.
Other	Only select this option if the request is not listed in Section 4. Must provide details in Section 6.

Note: Applicant completes all fields in Section 2.

SECTION 2 – SUPPLIER IDENTIFICATION (SUPPLIER USE ONLY)

This section MUST be completed in its entirety unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting a name change, enter the new supplier’s name.
FEI/SSN/TIN	Required. If requesting a TIN change, enter the new FEI/TIN and include an updated W9.
PAYMENT ALT NAME	Optional. SUBMIT AS AN ADDRESS REQUEST <ol style="list-style-type: none"> 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change the Payment ALT name, enter the new ALT name. 3. Do not add the same name that is in the Additional Name field in TeamWorks.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new address.
DRIVER’S LICENSE #/DL STATE	Optional (For individuals only).
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

Note: If banking information is NOT changing, DO NOT report banking information already on file from prior year(s). completes all fields in Section 2.

SECTION 3- BANK ACCOUNT INFORMATION (SUPPLIER USE ONLY)

This section MUST be completed in its entirety, for all **new suppliers** and banking **changes/additions** for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required. Must be 9-digits.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required. Select if ALL PAYMENTS from ALL AGENCIES should be deposited to the account provided.
SPECIFIC PURPOSE	Required. Select if bank account should be designated for Specific Purpose such as grants, operating accts, Pre-K, etc.
PYMT REMIT EMAIL	Optional, but Recommended to receive notification of payment(s) processed. Enter the email address where to send payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.
DATE	Required. This date cannot be more than 60 days old from the date SAO receives the VMF.

Note: Applicant to check all that apply completes all fields in Section 4.

SECTION 4- SPECIFY TYPE OF ACTION(S)

Select all items that pertain to this request. **If no selection is made, the form will be rejected.**

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. A justification MUST be provided in Section 6.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile. If the supplier was previously denied approval, select this option.
ADD NEW BANK ACCOUNT	Select when requesting to add bank account information to your profile. Must also complete Section 3 of the form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to change the current banking information on your profile. Must also complete Section 3 of the form with new bank information.
FEI/TIN CHANGE	Select if changing FEIN/TIN. Enter the new number in Section 2 and submit the current updated W9. <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter the new name in Section 2 and submit the current updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address. Enter the additional address in Section 2 of the form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter the new address in Section 2 of the form.
NON – 1099 APPLICABLE	Select to change a supplier that is currently 1099 applicable to non-1099 applicable.
1099 APPLICABLE	Select to change a supplier that is currently NOT 1099 applicable to a 1099 supplier.
1099-M/ENTER CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field.
1099-N/CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N.
1099 ADDR ID#	Enter the Addr ID number where to mail the Supplier's 1099.
OTHER	Select if the requested action is <i>not</i> listed in Section 4. Must provide request details in Section 6.

Note: Applicant to check all that apply completes all fields in Section 5.

SECTION 5- TYPE OF BUSINESS

This section should only be completed if applicable. Please review the category definitions below.

BUSINESS CERTIFICATIONS	
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".
WOMEN-OWNED	Women-owned businesses are not considered minority businesses in the State of Georgia.

Note: If "Other" or "Deactivate" are checked in Section 4, add details here. Otherwise, leave Section 6 blank.

SECTION 6 - ADDITIONAL SUPPLIER COMMENTS

This section MUST be completed to "Deactivate" a profile or address if "Other" is selected in Section 4.

Liaison Name	Required. Enter only the name of the certified Agency Liaison submitting the request.
Agency B/U	Required. Enter the Agency's 5-digit Business Unit number.
Signature	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.
Date	Required. The date entered is the date the Agency Liaison signed the VMF. This date cannot be prior to the signature date of the supplier in Section 3.
Email	Required. Enter the Agency Liaison's email address.
Phone	Required. Enter the Agency Liaison's phone number.

C3 – W9 Form (Use form provided.)

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that Federal Identification # (FEI) reported is consistent with FEI# reported on Application Cover.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Print page one only, sign as required and scan saving pdf as **SRAE####_W9.pdf**

W-9
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return; name is required on this form; do not use first initials)

2. Business name (unincorporated entity name, if different from above)

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following based on lines 1-4:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company (enter the tax classification (C-Corporation, S-Corporation, Partnership, etc.) in the Remarks section)
 Other (see instructions)

4. Conditions (check only one) that apply to the requester (check all that apply):
 Complete from FATCA reporting (check all that apply)
 Business name entered on line 2 (if not checked, business name entered on line 1)

5. TIN (Federal EIN and SSAN) (see instructions)

6. TIN (State or foreign) (see instructions)

7. TIN (Country/territory) (see instructions)

Part II Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your federal taxpayer ID number (TIN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other reporting, it is your employer identification number (EIN), if you do not have a number, see line 4 or 5 or 6, later.
 Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number to Give the Requester for guidance on whose number to enter.

Part III Certification
 I am a resident or citizen of the United States.
 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 I am a U.S. citizen or other U.S. person (based on being and)
 The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
 Certification exceptions: This must also be true (unless I have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, for real estate transactions, item 2 does not apply. For mortgage interest deduction, an abatement or renewal program, acquisition of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part I, later.

Sign Here
 Signature of U.S. person Date

General Instructions
 Requester references are to the Internal Revenue Code unless otherwise noted.
Federal developments: For the latest information about developments related to Form W-9 and its instructions, visit our website (irs.gov/form990) after they are published, go to www.irs.gov/form990.
Purpose of Form
 An individual or entity (Form 990 filer) is required to file an identification number (TIN) which may be your social security number (SSAN), individual taxpayer identification number (ITIN), or employer identification number (EIN), to report on an information return. Copies of information returns include, but are not limited to, the following:
 • Form 1099-INT (Interest earned or paid)
 • Form 1099-DIV (Dividend interest or paid)
 • Form 1099-ORD (Other income, interest, or gross proceeds)
 • Form 1099-B (Stock or mutual fund sales and certain other transactions by brokers)
 • Form 1099-K (Merchant card and third party network transactions)
 • Form 1099-MISC (Miscellaneous income, other than interest, dividends, or annuities)
 • Form 1099-C (Cancelled debt)
 • Form 1099-A (Acquisition or abandonment of secured property)
 • Form 1099-S (Sale of U.S. property (including required sales to provide your correct TIN).
 Use Form W-9 only if you are a U.S. person (including required sales to provide your correct TIN).
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What to Backup Withholding later.

Call 1-800-829-1040 Form W-9 (Rev. 10-2015)

C5 – SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT (e-Verify) (Use form provided.)

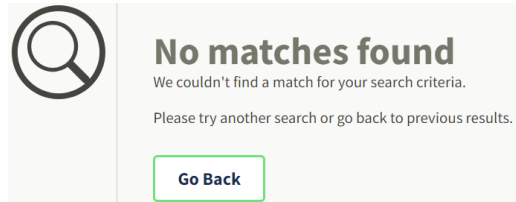
All applicants **MUST** certify that it meets security and immigration compliance in accordance with DHS/DFCS contracts.

- Download form and complete as directed.
- Record legal name of Applicant in “Name of Contractor” field as reported on Application Cover.
- Record assigned **proposal ID#**.
- Record Federal Work Authorization User Identification number (E-Verify #). This is NOT the applicant’s FEI#. Ensure that number reported is consistent with corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
 - For public entities
 - Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2.
 - For non-profits
 - Officer(s) must be identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2.
- Electronic or digital signatures are not acceptable. Document requires an original signature that is witnessed by a notary.
- Signed document **MUST** be notarized.
 - Please note:
 - Details of imprinted notary seal must be evident.
 - Expiration date of notary’s commission must be included.
- Scan original, signed document, save as a pdf, identifying it as **SRAE####_SECIM.pdf**

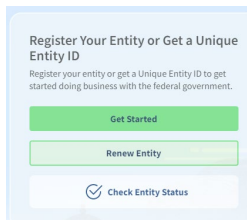
SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT	
E-VERIFY	
Complete as directed. Scan signed document and save pdf as SSP###_SECIM	
Applicant: <small>(Legal Name)</small>	Proposal ID#
Project:	SSP #####
<small>*Record full legal name of entity/sector/organization/institution</small>	
SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)	
By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Georgia Department of Human Services has registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:	
_____ Federal Work Authorization User Identification Number <small>This is a 4, 5, or 6-digit number, also known as a Company ID, Not Tax ID or SS Number.</small>	
_____ Date of Authorization <small>This is the date the Company ID# above was issued by the Federal eVerify system.</small>	
_____ Name of Contractor	
Prevention & Community Support, Second Step Program Name of Program	
Georgia Department of Human Services Name of Public Employer	
I hereby declare under penalty of perjury that the foregoing is true and correct.	
Executed on _____, 2023 in _____, GA. <small>Month and date City</small>	
_____ Signature of Authorized Officer	
_____ Printed Name and Title of Authorized Officer	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2023.	
Affix notary seal here	
_____ Signature of Notary Public	_____ Date Commission Expires
CL_FY2024_SSP_SecurityImmigrationCompliance	

Keep signed original for your records in the event that it is requested at a later date.

Using a name that is not consistent with your state and federal registration will result in ‘no matches found’ message. This result does not satisfy the requirement and may result in disqualification.



Go to: SAM.gov

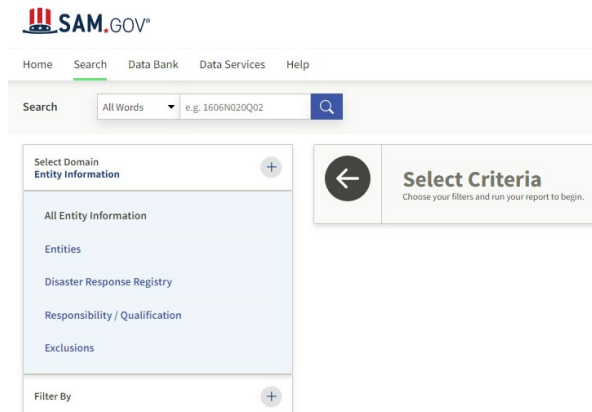


If registered select ‘Check Entity Status’.
 If registration expiry date does not meet FY2024 contract requirement, select ‘Renew Entity’.
 If you are not registered, select ‘Get Started’.

*It may take several days to obtain an updated registration status or new unique entity ID#, so this process should be initiated immediately.
 Renewing expired registrations may take several weeks or months.*

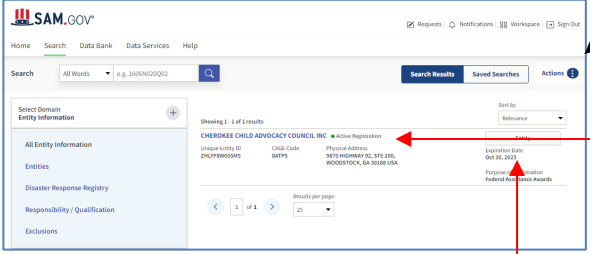
Select ‘Check Entity Status’.
 Select ‘Search’.
 Select ‘All Entity Information’.

Enter legal name of applicant organization or unique Entity ID#’
 And enter.



Option 1 Screenshot

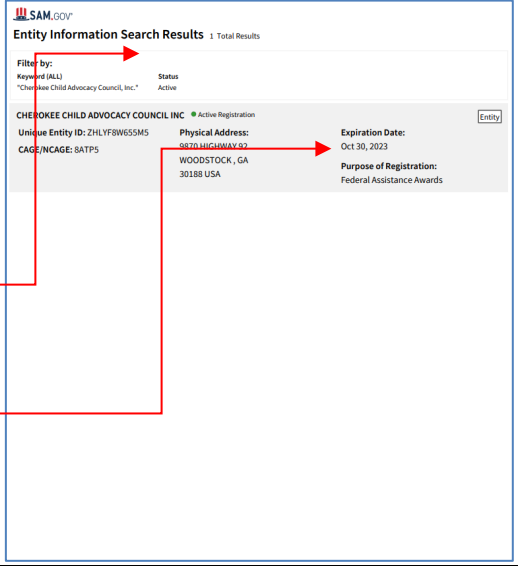
Take screenshot, paste image into Word document and save document as a pdf identified as **SRAE####_SAM.pdf**



or

Option 2 Downloaded pdf

Click 'Action' button, select 'Download pdf' and save to folder as **SRAE####_SAM.pdf**




Must indicate 'Active'.

Expiration date must be later than June 15, 2023.

C8 – PCS Contract Signer/Approver Information (Use form provided.)

- Download form and complete as directed.
- No signatures are required.
- Save document as **SRAE####_Information.pdf**



PCS Authorized Signer & Approver Information Form

Company Name: _____

AUTHORIZED SIGNER INFORMATION

Provide the list of authorized individuals who will sign the contract in the order they should sign.
*****NON-PROFIT ENTITIES***- Authorized signer(s) and Titles must match the Corporate Resolution*******
NOTE - individuals listed below cannot sign the Corporate Resolution

Authorized Signer #1	Email Address	
Title	Phone Number	
Authorized Signer #2	Email Address	
Title	Phone Number	

AUTHORIZED APPROVER INFORMATION

If contract requires approval **BEFORE** signature, provide the name(s) in the order they should approve. Approvers do not sign the contract. Signers listed above should not be listed below.
IF NO APPROVAL IS REQUIRED LEAVE BLANK.

Authorized Approver #1	Email Address	
Title	Phone Number	
Authorized Approver #2	Email Address	
Title	Phone Number	

NOTE - Program Specialist: Internal PCS Use Only - Do not upload into eCAT 03.02.22

PUBLIC ENTITIES ONLY: The following document is REQUIRED for ALL proposals submitted by Public Entity Applicants.

PE1 - AUTHORIZATION (Template provided.)

Public entities (state agencies, public school/school districts or educational institutions, county commissions, community service boards, etc.) must provide a scanned copy of the Authorization passed by the governing body of public entity authorizing a designated representative to enter into an agreement with DHS/DFCS, if an award is approved.

Obtaining Authorization with required signatures may take time for a public entity/government institution, so it is advised that this process be initiated as soon as possible.

- Prepare Authorization on official letterhead using template provided as a guideline.
- If Authorization stipulates proposal amount, the amount must **exactly** match amounts in Section 5 on Application Cover.
- Contract period must be identified as October 1, 2024 – September 30, 2025.
- Document must identify the individual who is authorized to act on behalf of the public entity to sign the contract and must be signed by a public entity official.
- Individual authorized to sign contracts on the Authorization **MUST** be consistent with individual identified as Signing Authority on the Application Cover, Section 2 by name and title.
- Electronic or digital signatures are not acceptable. Signature must be witnessed by a notary.
- Signed document **MUST** be notarized.
 - Details of imprinted notary seal must be evident.
 - Expiration date of notary’s commission must be included.
- Scan notarized/sealed authorization, saving pdf as ***SRAE####_Authorization.pdf***

Keep signed original for your records in the event that it is requested at a later date.

NON-PROFITS ONLY: The following documents are REQUIRED for ALL proposals submitted by Non-Profit Applicants.

NP1 - CORPORATE RESOLUTION (Template provided.)

ALL Non-profit applicants **MUST** provide a certified or notarized copy of resolution passed by its governing board authorizing an officer(s) of the non-profit organization to enter into an agreement with DHS/DFCS, if an award is approved.

- Prepare Resolution on official letterhead using template provided as a guideline.
- Contract period must be identified as October 1, 2024 – September 30, 2025
- Document must identify the officer, by name and title as it appears on the Georgia Secretary of State website screenshot, who is authorized to act on behalf of the non-profit to sign the contract.
- The officer who signs the Corporate Resolution is prohibited from being identified as one of the officers who is authorized to sign the contract.
- Individual authorized to sign contracts on the corporate resolution **MUST** be identified as the signing authority on the Application Cover, Section 2, by name and title.
- Individuals identified as an “Agent” of the corporation on the registration screenshot is **NOT** considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents.
- Electronic or digital signatures are not acceptable.
- Signed document **MUST** be sealed or notarized (if corporate seal is not available).
 - Details of imprinted corporate or notary seal must be evident.
 - Expiration date of notary’s commission must be evident.
- Scan notarized/sealed authorization, saving pdf as **SRAE####_CorpRes.pdf**

Keep signed original for your records in the event that it is requested at a later date.

NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot

Applicants must provide a screenshot demonstrating that their 2024 registration has been completed and their status is ‘Active for 2024’ or later. Although registration deadline is April 1, filing can be completed at any time.

Screenshot of registration submission or ‘filing’ is **NOT** acceptable.

If Applicant chooses to register for multiple years screenshot may indicate that filings are complete for 2024 or 2025. This is also acceptable. However, screenshot must be current and not a copy of prior year’s screenshot.

- Screenshots taken with a mobile device or tablet may not upload to the submission site and may result in a ‘failure to upload’ error.
- It is required that officer(s) signing any application document are identified by name and title consistent with their identification on the registration screenshot.
- Officer signing the corporate resolution **CANNOT** be designated as a signing authority for the contract.
- Go to the Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>
- Enter full legal name of Applicant. Click on “Business Search”.

BUSINESS SEARCH RESULTS

Business Name	Control Number	Business Type	Principal Office Address	Registered / Designated Agent Name	Status
COMMUNITIES FOR CHILDREN, INC.	0124712	Domestic Nonprofit Corporation	1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA	Carla Rogg	Active/Owes Current Year AR

A "Status" that indicates 'Owes Current Year' is not acceptable and does not satisfy this requirement.

BUSINESS SEARCH RESULTS

Business Name	Control Number	Business Type	Principal Office Address	Registered / Designated Agent Name	Status
GOSHEN VALLEY FOUNDATION, INC.	K745351	Domestic Nonprofit Corporation	387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA	John Zachary Blend	Active/Compliance

- Eligible 'Business Type' must be '**Domestic Non-Profit**'.
- 'Business Status' must be **Active/Compliance**.
- Click on agency name to expand record.

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **GOSHEN VALLEY FOUNDATION, INC.** Control Number: **K745351**

Business Type: **Domestic Nonprofit Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA** Date of Formation / Registration Date: **12/19/1997**

State of Formation: **Georgia** Last Annual Registration Year: **2023**

REGISTERED AGENT INFORMATION

Registered Agent Name: **John Zachary Blend**
 Physical Address: **700 Silver Mist Way, Canton, GA, 30114, USA**
 County: **Cherokee**

OFFICER INFORMATION

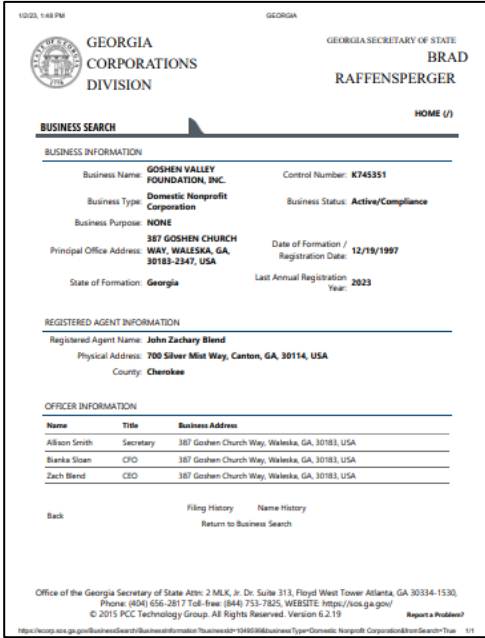
Name	Title	Business Address
Allison Smith	Secretary	387 Goshen Church Way, Waleska, GA, 30183, USA
Blanka Sloan	CFO	387 Goshen Church Way, Waleska, GA, 30183, USA
Zach Blend	CEO	387 Goshen Church Way, Waleska, GA, 30183, USA

'Last Annual Registration Year' MUST be **2024, or later** if previously filed for multiple years.

Names and titles of officers must be listed.

Option 1 Screenshot

Take screenshot, paste image into Word document and save document as a pdf identified as **SRAE####_SOS.pdf**

 <p>The screenshot shows the Georgia Secretary of State's Business Search results for Goshen Valley Foundation, Inc. The page includes sections for Business Information, Registered Agent Information, and Officer Information. The Business Information section lists the business name, control number (K745351), business type (Domestic Nonprofit Corporation), business purpose (NONE), principal office address (387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA), date of formation (12/19/1997), and last annual registration year (2023). The Registered Agent Information section lists John Zachary Blend as the registered agent, with a physical address of 700 Silver Mist Way, Canton, GA, 30114, USA, in Cherokee County. The Officer Information section lists three officers: Allison Smith (Secretary), Blanka Sloan (CFO), and Zach Blend (CEO), all with addresses at 387 Goshen Church Way, Waleska, GA, 30183, USA.</p>	<p style="text-align: center;"><u>Option 2 'Print' pdf</u></p> <p>'Print pdf' and save to folder as <i>SRAE####_SOS.pdf</i></p>
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NP3 - CERTIFICATE OF LIABILITY INSURANCE

- ALL non-profit applicants must submit a Certificate of Insurance (COI) confirming current liability coverage in effect. There are several options for meeting liability coverage requirements. Applicant should consult insurance agent to determine the appropriate coverage and limits to meet business and contract requirements.
- COI can be obtained through your insurance agent or carrier identifying applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.
- Expiry dates for all coverage must fall within the contract period. If any coverage expires between submission of the proposal and preparation of the contract, an updated certificate will be required. During the contract period, the Contractor is responsible for submitting Certificate of Insurance when renewals are complete to demonstrate that required coverages remain in effect.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- DHS/DFCS MUST be identified as the certificate holder.
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.
- Scan and/or save insurance COI as a pdf identifying it as ***SRAE####_INS.pdf***

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER: Dawson-Taylor & Company, P. O. Box 14729, 3510 Wheeler Rd, Augusta, GA 30909

INSURED: New Vision Family Center, Inc., Atlanta, GA 30308

COVERAGES:

TYPE	DESCRIPTION	POLICY NUMBER	START DATE (MM/DD/YYYY)	EXPIRY DATE (MM/DD/YYYY)	AGGREGATE LIMIT
A	COMMERCIAL GENERAL LIABILITY	BHW0060158715	10/05/2019	10/05/2020	\$1,000,000
A	AUTOMOBILE LIABILITY	BHW0060158715	10/05/2019	10/05/2020	\$1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WVW03441991	10/18/2019	10/18/2020	\$1,000,000
C	Professional Liability	LP7740374C	10/05/2019	10/05/2020	\$3,000,000

CERTIFICATE HOLDER: Georgia DHS/DFCS, 1117 Peachtree Center West, Suite 19-300, Atlanta, GA 30308

- Date coverage described is in effect.
- Applicant must be identified as 'Insured'.
- Coverages must be described as required and specify per occurrence and aggregate coverage:
 - Commercial General Liability (\$1M/\$3M)
 - Automobile Liability (\$1M) (unless eligible for waiver)
 - Worker's Comp (as required by Georgia law, based on number of employees)
 - Professional Liability (\$1M/\$3M) *Please note: Errors & Omissions coverage may satisfy this requirement, however, Directors & Officers coverage does not.*
- Any gap in \$3M in aggregate coverage can be satisfied using Umbrella Liability to cover the difference.
- Expiry dates must fall within the contract period (October 1, 2024-September 30, 2025). If any coverage expires prior to October 1, an updated certificate will need to be submitted.
- DHS/DFCS must be identified as the Certificate Holder.

Minimum Insurance Coverage: Contractor will be required to maintain the following limits and types of insurance coverage for the duration of the DHS/DFCS Contract:

- Commercial General Liability Policy (Occurrence) to include contractual liability. \$1 million per occurrence/\$3 million aggregate policy limits.
- Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. \$1 million per occurrence.

Additional information regarding automobile liability coverage...

If Applicant receives an award, contractors that do not own vehicles and cannot provide auto insurance are able to request a waiver for Auto coverage if their circumstances satisfy the following:

- 1. They must state that they do not own any vehicles and that if they obtain vehicles, they understand the insurance requirements will be required.*
- 2. They must attest that the contractual requirement of obtaining a business automobile policy is not necessary at the time because there are no vehicles, owned, non-owned or hired and used by them or their employees in the performance of the work described in the contract.*
- 3. They would also need to include that the statement is true and correct for the date the contract is executed. If any facts related to that statement change at any point, the Contractor will immediately contact DHS.*

Do not submit waiver request with proposal, However, waiver request will be required prior to the execution of a contract.

- Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.
- Malpractice/Professional Liability Policy (Claims Based) with Errors and Omissions Coverage. \$1 million per occurrence/\$3 million aggregate policy limits. (Directors and Officers coverage does not satisfy this requirement.)
- Commercial Umbrella Policy (Occurrence). An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the \$1 million and \$3 million policy limits and the umbrella policy must follow the form of the underlying \$1 million primary policy. Additional umbrella coverage is not required if all other limits are satisfied.

4e. Submitting Documents

PROPOSAL SUBMISSION DEADLINE

May 30, 2024 12:00PM (NOON)

All SRAE proposals must be submitted electronically through a secure proposal submission site, [Submittable.com](https://www.submittable.com).

- See Section 4f for instructions on obtaining a proposal ID# and password.
- See Section 4g for instructions on documents.

IMPORTANT REMINDERS

- **All required documents MUST be uploaded by the submission deadline.**
- Start early. Several documents require signatures and/or must be notarized which takes time to coordinate. Screenshots and Insurance Certificates must meet certain criteria which also may take time to confirm.
- All documents MUST be identified using the prescribed naming convention (with no extra spaces or characters).
- All documents MUST be saved and submitted in the required format (Word, Excel, or pdf).
- Any scans or images must be prepared and uploaded as pdfs. Adobe Acrobat is available for free download. Images and screenshots submitted as jpeg or png files are not allowed and may result in a 'failure to upload' error when upload is being attempted.

HELPFUL HINTS

- **Do not wait until the final day to begin uploading documents.**
- Mobile devices and tablets for either screenshots or uploading documents are not reliable and may result in a 'failure to upload' error.
- After uploading each document, click on document link to view and confirm uploaded document.
- Take final screenshot of the Submittable database screen when all documents have been uploaded and submission is complete.

5. FORMS & DOCUMENTS

Use Application Checklist as a guide for determining required forms and documents.

All required forms and templates must be downloaded from

<https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunity>

and submitted electronically using a unique proposal ID# and password.

Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal during the compliance review.

Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2024.)

Forms

- Application Checklist: *This document is for applicant use only and is not uploaded with proposal.*
- P1 - Application Cover
- P2 - Proposal Narrative
- P3 - Medical Accuracy Assurance
- P4 - Evaluation Acknowledgement
- P5 - Activities Chart
- P6 - Budget Workbook
- P7 - Timeline
- P8 - Additional Document(s) Confirmation & Summary
- C1 - Tax Compliance
- C2 - Vendor Management
- C3 - W9
- C4 - Criminal Records Certification
- C5 - Security Immigration & compliance (E-Verify)
- C6 - Pre-Award Risk Assessment
- C8 - PCS Contract Signer/Approver Information

Templates

- PE1 - Public Entity Authorization
- NP1 - Non-Profit Corporate Resolution